COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER

2801-135P

(Includes Reference to PCT International Applications)

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METERED DOSE INHALER FOR FLUTICASONE PROPIONATE

the specification of which	the specification of which (check only one item below):					
[X]is attached hereto.						
[] was filed as United Son (if applicable)	States application	Serial No.	on	and was	amended	
[] was filed as PCT inte	rnational applicat	ion Number	on		-	
and was amended ur	nder PCT Article	19 on	(if applicable	le).		
I hereby state that I have as amended by any amended	reviewed and und dment specifically	erstand the contents of referred to above.	the above-identified spe	ecification, includ	ing the claims,	
I acknowledge the duty to Regulations, §1.56 and a or PCT international filing	Ill information wh	ich became available b	etween the filing of the	ed in Title 37, Cooprior application	de of Federal and the national	
I hereby claim foreign pr applications(s) for patent country other than the Ur patent or inventor's certif	or inventor's cert nited States of Am	ificate or 365(a) of any nerica listed below and	PCT international appli have also identified belo	cation(s) designa ow any foreign ap	ting at least one plication(s) for	
on which priority is clain	ned:	• •				
PRIOR FOREIGN/PCT APPLI	CATION(S) AN	D ANY PRIORITY	LAIMS UNDER 35 II	S.C. 119:		
COUNTRY	ADDI ICA	TION NUMBER	DATE OF	FILING	PRIORITY	
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					USC 119	
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I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of a	ny United States provisi	onal application(s) listed below:	
Application No			te (MM/DD/YYYY)			
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF

ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

2801-135P

Diseast Tolombone Colle to:

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			5	STATUS (Check one)		
U.S. APPLICATION NU				PENDING	ABANDONED	
08/422,111		14 April 1995			X	
08/584,859		5 January 1996			Χ .	
08/829,562		31 March 1997		X		
	CATIONS DESIGNATIN	G THE U.S.				
PCT APPLICATION	PCT FILING DATE	U.S.FILING				
NO.		NUMBERS				
		ASSIGNED (if any)				
PCT/US96/05006	10 April 1996				X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Elizabeth Selby	Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,298	John L. Lemanowicz Frank P.Grassler Bonnie L. Deppenbrock	Reg. No. 39,009 Reg. No. 37,380 Reg. No. 31,164 Reg. No. 28,209 Reg. No. 38,181	Gerald M. Murphy, Jr. Raymond C. Stewart	Reg. No. 37,092 Reg. No. 28,977 Reg. No. 21,066 Reg. No. 32,181
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Send Co	orrespondence to:			Direct Telephone Calls to:
000	BIRCH, STEW	Gerald M. Murphy, Jr.		
	P.O. Box 747	-	Reg. No. 28,977 (703) 205-8000	
}		74 22040 0747		(703) 203-8000
	Falls Church, V	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME		Ian	C.
2	OF INVENTOR	ASHURST	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE &	Ware	GB	GB
0	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SG1 2NY, GB
١.	POST OFFICE	Glaxo Group R&D	Ware	Hertz SG12 0XG, UK
	ADDRESS	Park Road	Wate	
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	BRITTO	Ignatius	Lov
2	OF INVENTOR	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
١ .	RESIDENCE &	Cary	NC	US
0	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SG1 2NY, GB
2	POST OFFICE ADDRESS	Glaxo Wellcome Inc.	RTP	NC 27709-3398, US
1 4	ADDRESS	Five Moore Drive-PO Box 13398	1	,
<u> </u>	EUL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
١,	FULL NAME OF INVENTOR	HERMAN	Craig	Steven
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l 0	CITIZENSHIP	Raleigh	NC	US
ľ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SG1 2NY, GB
3	ADDRESS	Glaxo Wellcome Inc.	RTP	NC 27709-3398, US
'	ADDRESS	Five Moore Drive-PO Box 13398		i i
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LI-BOVET	Li	
١ ,	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC	CN
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 "	ADDRESS	110 Marin Drive	Chapel Hill	NJ 27516, US
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 4	OF INVENTOR	RIEBE	Michael	Thomas
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSIIIP
0	CITIZENSHIP	Raleigh	NC	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE, SG1 2NY, GB
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2	INVENTOR			
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	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	INVENTOR			COUNTRY OF CITIZENSHIP
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	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODECOUNTRY
7	ADDRESS		PURCE CHIPPLALAGE	SECOND GIVEN NAME/INITIAL
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2	OF INVENTOR		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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8	ADDRESS		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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9	ADDRESS		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEDINITIAL
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0	ADDRESS	<u> </u>		
	*	hat all atataments made hare	in of my own knowledge are true and t	hat all statements made on

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203
Date 6th April 2000	Date	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
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COMBINED DECLARATION		OWER ATTORNEY	ATTORNEY'S DOCKET NUMBER
(Includes Reference to PCT Internations	al Apprications)		2801-135P
As below nam	ed inventor. I hereby declare that:		
My residence, post offi	ce address and citizenship are as stated belo	ow next to my name.	
	nal, first and sole inventor (if only one named below) of the subject matter which is cla		
MET	TERED DOSE INHALER FOR FI	LUTICASONE PROPIONA	TE
the specification of whi	ich (check only one item below):		
[X]is attached hereto.			
[] was filed as Unite on (if applicable)	d States application Serial No.	on and	was amended
[] was filed as PCT in	nternational application Number	on	
and was amended	under PCT Article 19 on	(if applicable).	
	re reviewed and understand the contents of endment specifically referred to above.	the above-identified specification, in	ncluding the claims,
Regulations, §1.56 and	to disclose information which is material t I all information which became available be ing date of the continuation-in-part applica	etween the filing of the prior applica	
applications(s) for pate country other than the l	priority benefits under Title 35, United Stat nt or inventor's certificate or 365(a) of any United States of America listed below and b tificate or any PCT international application imed:	PCT international application(s) des nave also identified below any foreign	ignating at least one gn application(s) for
PRIOR FOREIGN/PCT APPI	LICATION(S) AND ANY PRIORITY CI	LAIMS UNDER 35 U.S.C. 119:	
COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
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COUNTRY	APPLICA	TION NUMBER	DATE OF FILING		PRIORITY
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,				•	UNDER 35
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I hereby claim the benefit under	Title 35, United S	tates Code §119(e) of a	any United States provisional	application(s)	listed below:
Application No.	•	Filing Da	te (MM/DD/YYYY)		
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF

ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

2801-135P

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			5	STATUS (Check one)		
U.S. APPLICATION NUI	MBER L	J.S. FILING DATE	PATENTED	PENDING	ABANDONED	
08/422,111		14 April 1995			X	
08/584,859		5 January 1996			X	
08/829,562		31 March 1997		X		
PCT APPLIC	ATIONS DESIGNATIN	G THE U.S.				
PCT APPLICATION	PCT FILING DATE	U.S.FILING				
NO.		NUMBERS				
1		ASSIGNED (if any)				
PCT/US96/05006	10 April 1996				X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to procedute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Virginia C. Bennett	Reg. No. 37,092
Charles E. Dadswell	Reg. No. 35,851	John L. Lemanowicz	Reg. No. 37,380	Gerald M. Murphy, Jr.	Reg. No. 28,977
Karen L. Prus	Reg. No. 39,337	Frank P.Grassler	Reg. No. 31,164	Raymond C. Stewart	Reg. No. 21,066
Robert H. Brink	Reg. No. 36,094	Bonnie L. Deppenbrock	Reg. No. 28,209	Marc S. Weiner	Reg. No. 32,181
Flizabeth Selby	Reg. No. 38.298	Lorie Ann Morgan	Reg. No. 38,181	•	

Send Correspondence to:
BIRCH, STEWART, KOLASCH & BIRCH, LLP
P.O. Box 747
l

Direct Telephone Calls to: Gerald M. Murphy, Jr. Reg. No. 28,977 (703) 205-8000

	1.0. Dox /			1 (703) 203-8000
	Falls Church, V	VA 22040-0747		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	ASHURST	Ian	C.
_	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSIIIP
0	CITIZENSHIP	Ware	GB	GB
·	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SGI 2NY, GB
1	ADDRESS	Glaxo Group R&D	Ware	Hertz SG12 0XG, UK
•	11001000	Park Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BRITTO	Ignatius	Loy '
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Cary	NC	US
U	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SG1 2NY, GB
2	ADDRESS	Glaxo Wellcome Inc.	RTP	NC 27709-3398, US
2	ADDRESS	Five Moore Drive-PO Box 13398		1
	CIUI NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
•	FULL NAME	HERMAN	Craig	Steven
2	OF INVENTOR	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE &	Raleigh	NC	US
0	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SG1 2NY, GB
-	POST OFFICE	Glaxo Wellcome Inc.	RTP	NC 27709-3398, US
3	ADDRESS		KII	110 27707-3376, 05
		Five Moore Drive-PO Box 13398		
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	LI-BOVET	Li	
0	RESIDENCE &	City	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Chapel Hill	NC	CN
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	110 Marin Drive	Chapel Hill	NJ 27516, US
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	RIEBE	Michael	Thomas
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Raleigh	l NC	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/, SG1 2NY, GB
-	ADDRESS	Glaxo Wellcome Inc.	RTP	NC 27709-3398, US
		Five Moore Drive-PO Box 13398		
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ATTORNEY'S DOCKET NUMBER COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications) 2801-135P SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME **FULL NAME OF** FAMILY NAME 2 INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & 0 **CITIZENSHIP** STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** 6 SECOND GIVEN NAME/INITIAL FAMILY NAME FIRST GIVEN NAME **FULL NAME OF** 2 INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & 0 CITIZENSHIP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE 7 ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FAMILY NAME OF INVENTOR 2 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE 8 **ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME **FULL NAME** 2 OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE 9 ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FAMILY NAME 2 OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY CITIZENSHIP 1 STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE 0 **ADDRESS**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 Signature of Inventor 202 Tanatrial Buito Date Date Date Date	
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414(00)	April 2000
Signature of Inventor 204 Signature of Inventor 205 Nichaft. Rich Date Date	ventor 206
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Signature of Inventor 210	
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